



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Hostetter	First Name Shara	Middle Name B	Nickname N/A	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 7820 Partridge Rd.		5. FAX (Optional) () N/A		6. E-mail Address (Optional) Shara.Hostetter@yahoo.com
7. City Southport	State IN	ZIP Code 46227	8. County Marion	9. Telephone (Day) (317) 506-4661
			10. Telephone (Evening) (317) 506-4661	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Clerk-Treasurer of the City of Southport	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input checked="" type="checkbox"/> Check if this is a new name The Committee to Elect Shara Hostetter				
14. Mailing Address <input type="checkbox"/> Check if this is a new address 7820 Partridge Rd.		15. FAX (Optional) () N/A		16. E-mail Address (Optional) Shara.Hostetter@yahoo.com
17. City Southport	State IN	ZIP Code 46227	18. County Marion	19. Telephone (Day) (317) 506-4661
			20. Committee Organization Date (MM-DD-YY) 01-27-15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Shara B. Hostetter				
22. Mailing Address <input type="checkbox"/> Check if this is a new address 7820 Partridge Rd.		23. FAX (Optional) () N/A		24. E-mail Address (Optional) Shara.Hostetter@yahoo.com
25. City Southport	State IN	ZIP Code 46227	26. County Marion	27. Telephone (Day) (317) 506-4661
			28. Telephone (Evening) (317) 506-4661	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Chase				
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes	

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Shara B. Hostetter		Signature of the Committee Chairperson Shara B. Hostetter		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Shara B. Hostetter				
34. Mailing Address <input type="checkbox"/> Check if this is a new address 7820 Partridge Rd.		35. FAX (Optional) () N/A		36. E-mail Address (Optional) Shara.Hostetter@yahoo.com
37. City Southport	State IN	ZIP Code 46227	38. County Marion	39. Telephone (Day) (317) 506-4661
			40. Telephone (Evening) (317) 506-4661	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment Shara B. Hostetter
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Shara B. Hostetter	Signature of Chairperson Shara B. Hostetter	Date (MM-DD-YY)
43. Typed or Printed Name of Candidate Shara B. Hostetter	Signature of Candidate Shara B. Hostetter	Date (MM-DD-YY)

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

JAN 27 2015

Myra A. Eldridge